PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Do : Number

10./5106 166

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20=	7
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☑

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	THER THAN ALL ENTITY	
RATE	FEE		TE	FEE
BASIC FEE		OR	B. C FEE	
XS 9=		OR	B=	
X43=		OR	3=	
+145=		OR	0=	
TOTAL		OR	T AL	

A, PE
9-01-04 CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	27	Minus	** 30	=
Independent	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	ER THAN ALL ENTITY	
RATE	ADDI-TIONAL FEE		E	ADDI-TIONAL FEE
XS 9=		OR	=	
X43=		OR	=	
+145=		OR	=	
TOTAL ADDIT. FEE		OR AC	EE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B 7-2-50	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	Minus	** 30	=
Independent	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE			ADDI-TIONAL FEE
XS 9=		OR	=	
X43=		OR		
+145=		OR +·		
TOTAL ADDIT. FEE		OR AD.	EE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	**	=
Independent		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE			ADDI-TIONAL FEE
XS 9=		OR	X	
X43=		OR	X	
+145=		OR	+·	
TOTAL ADDIT. FEE		OR AD		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
: The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in colum-

FORM PTO-875 (Rev 10:03)

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